



**City of Los Angeles
Department of Building and Safety**

**“NORTHRIDGE EARTHQUAKE” FILE
(EQ1-94)**

ADDRESS: 15720 VENTURA BL

RECORD NO.: 4922 *POSTING: GREEN

The document(s) contained in this file are related to the inspection(s) and/or permits issued for buildings surveyed and/or damaged from the January 17, 1994 earthquake or related aftershocks. Many of the damage estimates were made under emergency conditions and should not be used to make bids for repair, demolition, or rebuilding. These records were created for use by the Department of Building and Safety only. The City of Los Angeles and the Department of Building and Safety are not responsible for any use of this data. Check the retrieval index for all available earthquake documents as other documents may have become available for viewing after this file was prepared for viewing (filmed and scanned).

“RECORD NO.” refers to a unique computer-generated number assigned by the Damage Assessment database to uniquely identify a structure or, in cases of a vacant lot, the site. Each separate building was assigned a unique Record No. For example, a site with a dwelling and detached garage was assigned two Record Nos. (one for the dwelling and one for the garage).

“*POSTING” is based on the last inspection report in the earthquake files at the time it was prepared for viewing. It refers to the type of placard affixed to the structure (or site when the lot is vacant) by a Building and Safety Inspector during an inspection for earthquake damage or repair. The official placards are commonly referred to by their color as follows: “RED” is unsafe to occupy; “YELLOW” is limited entry; and “GREEN” is safe to occupy. Other designations were used in the Posting field, but are not postings. They are “CERT” and “PERMIT” and are described as follows:

“CERT” refers to cases where a Certified License Contractor repaired either an earthquake damaged roof, garden wall or chimney (chimney only until 12/94), and certified that the work was completed via a Certificate of Completion. No posting is available as a Building and Safety Inspector did not make an inspection for earthquake damage or repair. WHEN THE POSTING IS “CERT”, IT IS EXPECTED THAT ONLY A CERTIFICATE OF COMPLETION WILL FOLLOW THE COVER SHEET.

“PERMIT” is used when no inspection was made by Building and Safety for earthquake damage prior to issuing a permit to repair damage and our records do not indicate that the work was completed for all outstanding earthquake repair permits for this structure at the time the file was prepared for viewing. WHEN THE POSTING IS “PERMIT”, IT IS EXPECTED THAT NO DOCUMENTS, EXCEPT POSSIBLY A COPY OF THE PERMIT WITH HAND-WRITTEN ADDRESS CORRECTIONS, WILL FOLLOW THE COVER SHEET.

016

035 # 4922

CITY OF LOS ANGELES
DEPARTMENT OF BUILDING AND SAFETY
RAPID SCREENING INSPECTION FORM

B. BUILDING USE:

- ☐ Residential
☒ Commercial

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

C. INCLUSIVE ADDRESS:

15720 Ventura Blvd.
 Universal Investment Co.

COUNCIL
 DISTRICT: 11

D. OWNER:

Frank Rahbar

PHONE NO.: 310-559-0850

MANAGER:

Kunda Wallace

PHONE NO.: 818-789-3785

E. No of Stories:

6

No. of Living Units:Basement: ☐ YES ☒ NO ☐ UNKNOWN**TYPE CONSTRUCTION:** URM I II III IV V

Reinforced Brick & Concrete

APPROX. SIZE 200 ft. X 73 ft.

13000 x 6 = 78000

PRIMARY OCCUPANCY:

(Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input checked="" type="checkbox"/> 13 OFFICE <i>off. bld.</i> | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input type="checkbox"/> 35 CONDO |
| | | | | | | <input type="checkbox"/> 99 OTHER |

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>Col. on top floor collapse</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Penthouse is collapse at elevator shaft</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevators <i>Struct. damage</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stairs/Exits <i>at Penthouse</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads) <i>Shor</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electric/Gas <i>Cracks on walls all levels</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/corbel <i>Cracked</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing <i>Shor Crack</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moments Frames <i>walls of elevators</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Precast connections <i>shaft sever</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other <i>damage</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Roof Sign supports damaged. Stairs from 6th level to roof is damaged. Columns and walls of elevator shafts (2) collapsed and severely damaged. Cracks on brick walls 3rd floor.

G. Vacate Bldg.? ☐ YES ☐ NO Partially Vacate Bldg. ☒ YES ☐ NO No. of Living Units Vacated: 0
EST. DAMAGE: 10 % **EST. DAMAGE:** \$ 50,000 **PERMIT REQUIRED?** ☒ YES ☐ NO

H. OVERALL RATING:

Existing Recommended

INSPECTED (Green)

☐☐

Exterior Only

Exterior and Interior

LIMITED ENTRY (yellow)

☒

UNSAFE (Red)

☐

Building

Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

2. Detailed Evaluation required.

☒ Structural ☐ Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities: NO

☐ Electric ☐ Gas ☐ Water**J. INSPECTOR:**

Name/I.D. I. Kashafi / T.J. Cherry

Phone: (213) 237 0920 / 0921

K. INSPECTED:

Date: 1-20-94

Time: 11:45

a.m./p.m.

1ST REINSPECTION

OBS #922

OBS # 5309

EQ/94

A. TYPE OF DISASTER:

☐ Fire ☒ Earthquake
☐ Flood ☐ Other

CITY OF LOS ANGELES

DEPARTMENT OF BUILDING AND SAFETY

B. BUILDING USE:

☐ Residential
☒ Commercial

RAPID SCREENING INSPECTION FORM

C. INCLUSIVE

ADDRESS: 15720 Ventura Blvd.

COUNCIL
DISTRICT: 11

D. OWNER:

PHONE NO.:

MANAGER:

PHONE NO.:

E. No of Stories: 7 No. of Living Units: 0 Basement: ☐ YES ☒ NO ☐ UNKNOWN

TYPE CONSTRUCTION: URM I II III IV V APPROX. SIZE 100 ft. x 125 ft.

PRIMARY OCCUPANCY: (Check one, only)

<input type="checkbox"/> 01 DWELLING	<input type="checkbox"/> 04 AMUSEMENT	<input type="checkbox"/> 07 PVT. GARAGE	<input type="checkbox"/> 10 HOSPITAL	<input checked="" type="checkbox"/> 13 OFFICE	<input type="checkbox"/> 16 RET. STORE	<input type="checkbox"/> 21 THEATRE
<input type="checkbox"/> 02 DUPLEX	<input type="checkbox"/> 05 APARTMENT	<input type="checkbox"/> 08 PUB. GARAGE	<input type="checkbox"/> 11 HOTEL	<input type="checkbox"/> 14 PUB. ADMIN.	<input type="checkbox"/> 17 RESTAURANT	<input type="checkbox"/> 22 WAREHOUSE
<input type="checkbox"/> 03 AIRPORT	<input type="checkbox"/> 06 CHURCH	<input type="checkbox"/> 09 GAS STATION	<input type="checkbox"/> 12 MFG.	<input type="checkbox"/> 15 PUB. UTIL.	<input type="checkbox"/> 18 SCHOOL	<input type="checkbox"/> 35 CONDO
						<input type="checkbox"/> 99 OTHER

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

MINOR SHAARCRACKS
FIRST FLOOR REAR FACADE

Condition

YES NO UNK

1. Structure Hazardous Overall

Collapse/partial collapse

Building or story leaning

Other Penthouse

2. Hazardous Structural Elements

Foundations

Roof/Floors (vertical loads)

Columns/pilasters/corbel

Diaphragms/horizontal bracing

Walls/vertical bracing

Moments Frames

Precast connections

Other

Condition

YES NO UNK

3. Nonstructural Hazards

Parapets/ornamentation

Cladding/glazing

Ceiling/light fixtures

Interior Walls/partitions

Elevators

Stairs/Exits

Electric/Gas

Chimney

Other

4. Geotechnical Hazards

Slope failure/dabrils

Ground Movement, fissures

Other

COMMENTS: Penthouse Standing - Conc. Blown Out At Base of Head of Col. - With

Ties - Columns in middle of penthouse remaining not taking load

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0EST. DAMAGE: 20 % EST. DAMAGE: \$ 150,000 PERMIT REQUIRED? ☒ YES ☐ NO

H. OVERALL RATING:

Existing

Recommended

INSPECTED (Green)

Exterior Only

Exterior and Interior

LIMITED ENTRY (yellow)

UNSAFE (Red)

Building Penthouse

Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

2. Detailed Evaluation required

X Structural CRITICAL Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

Electric Gas Water

J. INSPECTOR:

Name/I.D.: OES#0042 Renquillo

Phone:

K. INSPECTED:

Date: 20 JAN 94

Time: 3:20

a.m. (p.m.)

2ND REINSPECTION

OBS

0859605

EQ 1-94

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

4922

CITY OF LOS ANGELES

DEPARTMENT OF BUILDING AND SAFETY

RAPID SCREENING INSPECTION FORM

B. BUILDING USE:

- ☒ Residential
☒ Commercial

C. INCLUSIVE ADDRESS:

15720 VENTURA BLVD.

COUNCIL DISTRICT: 11

D. OWNER:

YOUNESSI

PHONE NO.: 789-3785

MANAGER: LINDA WALLACE

PHONE NO.: 789-3785

E. No of Stories: 5 No. of Living Units: 0/100/100 Basement: ☒ YES ☐ NO ☐ UNKNOWNTYPE CONSTRUCTION: URM I II III IV V APPROX. SIZE 75 ft. x 200 ft.

PRIMARY OCCUPANCY: (Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input checked="" type="checkbox"/> 13 OFFICE | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input type="checkbox"/> 35 CONDO |
| | | | | | | <input type="checkbox"/> 99 OTHER |

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EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PENT HOUSE COLLAPSE</u>				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/correls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moments Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☒ YES ☐ NO No. of Living Units Vacated: 10
 EST. DAMAGE: 10 % EST. DAMAGE: \$ 20000 PERMIT REQUIRED? ☐ YES ☐ NO

H. OVERALL RATING:

INSPECTED (Green)

Exterior Only

Exterior Only

LIMITED ENTRY (yellow)

UNSAFE (Red)

Building

Area (See Section I-3)

Existing Recommended

☐☐☒

I. RECOMMENDATIONS: (Circle Number / Fill In data)

1. No Further Action required.

2. Detailed Evaluation required.

Structural Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

Electric Gas Water

J. INSPECTOR:

Name/I.D.: M. CHAR / M. EMAMI

Phone: 213-237-0920

K. INSPECTED:

Date: 1/21/94

Time: 1:30 a.m./p.m.

6. OWNER DOING BUSINESS AS
VENTURA INVESTMENT COMPANY

[illegible]

16.		CURRENT SITE CONDITIONS			
Mark only if entire category is not applicable <input type="checkbox"/>		Mark only if entire category is not applicable <input type="checkbox"/>		Mark only if entire category is not applicable <input type="checkbox"/>	
A. OVERALL CONDITIONS	<input type="checkbox"/>	C. STRUCTURAL HAZARDS	<input type="checkbox"/>	D. NON-STRUCT. HAZARDS	<input type="checkbox"/>
NO APPARENT DAMAGE	<input checked="" type="checkbox"/> YES	TOTAL/PARTIAL BUILDING COLLAPSE	<input type="checkbox"/> N	PARAPETS/ORNAMENTATION	<input type="checkbox"/> N
UNDER REPAIR (Write Permit # in COMMENTS)	<input type="checkbox"/>	BUILDING OR STORY LEANING	<input type="checkbox"/> N	CLADDING/GLAZING	<input type="checkbox"/> N
REPAIRS COMPLETE (Write Permit # in COMMENTS)	<input type="checkbox"/>	FOUNDATION	<input type="checkbox"/> U	CEILING/LIGHT FIXTURES	<input type="checkbox"/> N
DEMOLISHED (Write Permit # in COMMENTS)	<input type="checkbox"/>	ROOF/FLOORS (VERTICAL LOADS)	<input type="checkbox"/> U	INTERIOR WALLS/PARTITIONS	<input type="checkbox"/> N
SITE CLEARED OF DEBRIS	<input type="checkbox"/>	COLUMNS/PILASTERS/CORBELS	<input type="checkbox"/> U	ELEVATORS	<input type="checkbox"/> N
NO WORK STARTED	<input type="checkbox"/>	DIAPHRAGMS/HORIZONTAL BRACING	<input type="checkbox"/> U	STAIRS/EXITS	<input type="checkbox"/> N
FENCED	<input type="checkbox"/>	WALLS/VERTICAL BRACING	<input type="checkbox"/> U	CHIMNEY	<input type="checkbox"/> N
		MOMENT FRAMES	<input type="checkbox"/> U	MASONRY "GARDEN" WALLS	<input type="checkbox"/>
		PRE-CAST CONNECTIONS	<input type="checkbox"/> U	ELECTRICAL	<input type="checkbox"/>
B. HABITABILITY	<input type="checkbox"/>	PENTHOUSE COLLAPSE	<input type="checkbox"/> Y	GAS PIPING	<input type="checkbox"/>
OCCUPIED	<input type="checkbox"/> YES	OTHER		WATER/WASTE PLUMBING	<input type="checkbox"/>
BUILDING VACANT/ UNINHABITABLE	<input type="checkbox"/> N			HEATING/AIR CONDITIONING	<input type="checkbox"/> N
PARTIALLY VACATED (Describe area below) <input type="checkbox"/> Y				OTHER	<input type="checkbox"/>

		E. GEOTECHNICAL HAZARDS			
				Mark only if entire category is not applicable <input type="checkbox"/>	
		GROUND MOVEMENT/FISSURES	<input type="checkbox"/> N	SLOPE FAILURE (CLASS [] [X] []) 	<input type="checkbox"/> N
		RETAINING WALL FAILURE	<input type="checkbox"/> N	DEBRIS/MUD FLOW	<input type="checkbox"/> N
		WATER DAMAGE	<input type="checkbox"/> N	OTHER	<input type="checkbox"/>

		F. HAZARDOUS MATERIALS			
				Mark only if entire category is not applicable <input type="checkbox"/>	
		ASBESTOS	<input type="checkbox"/>	EXPLOSIVES	<input type="checkbox"/>
		GAS CYLINDERS	<input type="checkbox"/>	CHEMICALS	<input type="checkbox"/>
		PAINT	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

17. RECOMMENDATIONS		18. % STRUCT. DAMAGE		19. ESTIMATED STRUCTURAL REPAIR COST		20. ESTIMATED GEOTECHNICAL REPAIR COST		21. NO. UNITS VACATED	
NO FURTHER ACTION REQ'D	<input type="checkbox"/> YES	Permit required	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$20000				0	
Structural evaluation required	<input type="checkbox"/>	Plans required	<input type="checkbox"/>	10					
Geotechnical evaluation req'd.	<input type="checkbox"/>	Eligible for City Demo/Debris cleanup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barricades needed as follows	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOLLOW-UP REQ'D BY				YES					
Fence property/structure	<input type="checkbox"/>	NONE	<input type="checkbox"/>						
Board up building	<input type="checkbox"/>	COMM/APT INP.	<input type="checkbox"/>						
Clean up and remove debris	<input type="checkbox"/>	RESIDENTIAL INSP.	<input type="checkbox"/>						
Immed. Hazard abatement req'd.	<input type="checkbox"/> NO	URM/TILT-UP INSP.	<input type="checkbox"/>						
Vacate entire building	<input type="checkbox"/>	MECHANICAL	<input type="checkbox"/>						
Partially vacate building	<input type="checkbox"/>	GRADING	<input type="checkbox"/>						
OTHER									

22. TYPE OF ORDER REQUIRED		24. INSPECTOR'S NAME		Mark only if you wrote COMMENTS on the back	
91.8907 (BLUE)	<input type="checkbox"/>	91.8903 (PINK)	<input type="checkbox"/>		
91.8904-ABATE (GRAY)	<input type="checkbox"/>		<input type="checkbox"/>		
91.8101-OTC (WHITE)	<input type="checkbox"/>		<input type="checkbox"/>		

23. OVERALL RATING		MARK APPROPRIATE BUBBLE BELOW ONLY IF EXISTING POSTING IS INCORRECT OR NOT INDICATED		25. INSPECTOR'S I.D.	26. AGENCY	27. DATE	28. END TIME
LTD ENTRY		GREEN <input type="checkbox"/>	YELLOW <input type="checkbox"/>			JAN <input type="checkbox"/>	:
A 'YES' IS MARKED IN CATEGORIES 16C, E OR F ABOVE, IS GROUNDS FOR POSTING THE BUILDING UNSAFE. A DESCRIPTION OF THE AREA AFFECTED MUST ACCOMPANY ANY LIMITED ENTRY AND UNSAFE POSTING. A 'YES' IN CATEGORY 16D REQUIRES POSTING AND BARRICADING TO INDICATE THAT AREA UNSAFE.						FEB <input type="checkbox"/>	:
RECOMMENDED POSTING						MAR <input type="checkbox"/>	00 00 00 am
INSPECTED (GREEN) <input type="checkbox"/>	LTD ENTRY (YELLOW) <input type="checkbox"/>	UNSAFE (RED) <input type="checkbox"/>				APR <input type="checkbox"/>	00 00 00 pm
EXTENTS OF INSPECTION						MAY <input type="checkbox"/>	00 00 00
EXTERIOR ONLY <input type="checkbox"/>	INTERIOR ONLY <input type="checkbox"/>	BOTH (INT/EXT) <input type="checkbox"/>				JUN <input type="checkbox"/>	00 00 00
LTD. ENTRY/UNSAFE RATING APPLIES TO:						JUL <input type="checkbox"/>	00 00 00
ENTIRE BUILDING <input type="checkbox"/> AN AREA (Describe) <input type="checkbox"/>						AUG <input type="checkbox"/>	00 00 00

1. START TIME 11:40 2. THOMAS BROS. REF. 3. CITY OF LOS ANGELES DEPARTMENT OF BUILDING AND SAFETY DISASTER RE-INSPECTION FORM (COMPLETE ONLY ONE FORM PER BUILDING) 4. EQ1-94 5. RECORD NUMBER 4922 (OFFICE USE ONLY)

DO NOT WRITE BETWEEN THESE LINES

2. SITE ADDRESS 15720 VENTURA BL

4. CORRECTED ADDRESS

5. ADDRESS COMMENTS

3. ADDRESS CORRECTION REQUIRED

6. OWNER DOING BUSINESS AS VENTURA INVESTMENT COMPANY

7. INITIAL INSPECTION COMMENTS ROOF SIGN SUPPORTS DAMAGED. STAIRS FROM 6TH LEVEL TO ROOF IS DAMAGED. COLUMNS AND WALLS OF ELEVATOR SHAFTS (2) COLLAPSED AND SEVERE DAMAGED. CRACKS ON BRICK WALLS ON 3RD.

8. TYPE OF CONSTR. 1 TYPE I 6 9. NO. OF STORIES 6 10. OVERALL BUILDING DIMENSIONS 73 X 200 11. TOTAL DWLG. UNITS 12. BUILDING USE COM'L 13. BASEMENT NO 14. COUNCIL DISTRICT 11 15. PRIMARY OCCUPANCY (Select one only) (13) OFFICE SINGLE FAM. DWLG. GAS STATION RESTAURANT DUPLX HOSPITAL SCHOOL AIRPORT HOTEL THEATER AMUSEMENT MANUFACT'G WAREHOUSE APARTMENT OFFICE MOBILE HOME CHURCH PUB. ADMIN. CONDOMINIUM PRIV. GARAGE PUB. UTILITIES OTHER PUB. GARAGE RETAIL

16. CURRENT SITE CONDITIONS Mark only if entire category is not applicable A. OVERALL CONDITIONS NO APPARENT DAMAGE UNDER REPAIR (Write Permit # in COMMENTS) DEMOLISHED (Write Permit # in COMMENTS) SITE CLEARED OF DEBRIS NO WORK STARTED FENCED B. HABITABILITY OCCUPIED BUILDING VACANT/ UNINHABITABLE PARTIALLY VACATED (Describe area below) C. STRUCTURAL HAZARDS TOTAL/PARTIAL BUILDING COLLAPSE BUILDING OR STORY LEANING FOUNDATION ROOF/FLOORS (VERTICAL LOADS) COLUMNS/PILASTERS/CORBELS DIAPHRAGMS/HORIZONTAL BRACING WALLS/VERTICAL BRACING MOMENT FRAMES PRE-CAST CONNECTIONS OTHER SEE COMMENTS D. NON-STRUCT. HAZARDS PARAPETS/ORNAMENTATION CLADDING/GLAZING CEILING/LIGHT FIXTURES INTERIOR WALLS/PARTITIONS ELEVATORS STAIRS/EXITS CHIMNEY MASONRY "GARDEN" WALLS ELECTRICAL GAS PIPING WATER/WASTE PLUMBING HEATING/AIR CONDITIONING OTHER E. GEOTECHNICAL HAZARDS GROUND MOVEMENT/FISSURES SLOPE FAILURE (CLASS) RETAINING WALL FAILURE DEBRIS/MUD FLOW WATER DAMAGE F. HAZARDOUS MATERIALS PAINT ASBESTOS EXPLOSIVES GAS CYLINDERS CHEMICALS

17. RECOMMENDATIONS NO FURTHER ACTION REQ'D Structural evaluation required Geotechnical evaluation req'd. Barricades needed as follows Fence property/structure Board up building Clean up and remove debris Immed. Hazard abatement req'd. Vacate entire building Partially vacate building FOLLOW-UP REQ'D BY NONE COMM/APT INSP. RESIDENTIAL INSP. URM/TILT-UP INSP. MECHANICAL GRADING OTHER

18. % STRUCT. DAMAGE 10 19. ESTIMATED STRUCTURAL REPAIR COST \$60,000 20. ESTIMATED GEOTECHNICAL REPAIR COST 21. NO. UNITS VACATED 0

22. TYPE OF ORDER REQUIRED 91.8907 (BLUE) SUBSD (YELLOW) 91.8902-ABATE (PINK) 91.8901-OTC (GREEN) 24. INSPECTOR'S NAME Dennis STEWART 25. INSPECTOR'S I.D. 27478 26. AGENCY B75 27. DATE 3/11/94 28. END TIME 12:05

23. OVERALL RATING UNSAFE INSPECTED (GREEN) LTD. ENTRY (YELLOW) UNSAFE (RED) EXTENTS OF INSPECTION EXTERIOR ONLY INTERIOR ONLY BOTH (INT/EXT) LTD. ENTRY/UNSAFE RATING APPLIES TO: ENTIRE BUILDING AN AREA (Describe) PENTHOUSE

INSTRUCTIONS

ALWAYS USE A NO. 2 PENCIL ONLY

1. Refrain from making extraneous marks or smudging pencil marks in and around the mark bubbles.
2. Ensure all data is accurately written onto this form.
3. Print all hand-written information clearly and legibly within the space provided.
4. All numeric data should be marked from the furthest right position. For example, 34 DWLG. UNITS should be marked as follows

CORRECT>

11. TOTAL DWLG. UNITS		34
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INCORRECT>

11. TOTAL DWLG. UNITS		34
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Any existing information will be pre-printed on this form in the shaded heading area or along-side the mark bubbles. If it is determined that this information has changed or is incorrect, line out the pre-printed information and overwrite it with the correct information. You may only write in the shaded heading area provided. Mark the bubbles ONLY if you have changed the existing information or if you are supplying new information which was not previously indicated.
6. Verify all existing information in section 16. CURRENT SITE CONDITIONS. A "Y" (YES) will be pre-printed next to each set of mark bubbles. If the information is correct do not mark any bubbles. If the information is incorrect, mark the appropriate YES bubble. In the case when an existing "Y" condition proves to be incorrect, make a note of it in the COMMENTS section, but do not mark a bubble. NOTE: Provide a permit number, if possible, in the COMMENTS field if section 16D indicates that the building is UNDER REPAIR, REPAIR COMPLETE, or DEMOLISHED.

29. COMMENTS

PRINT CLEARLY AND LEGIBLY

▶ LIST PERMIT NO(S) (IF ANY) ▶

All work being done to Penthouse Roof SIGN Supports + Stairwell to Roof. CAN NOT Verify Permit #.

permit # 94VN 33889 issued on 2/17/94
per cancelled O.T.C. dated 3/11/94 by Insp Kelly.

Order 91. 847
Net Postal

CITY OF LOS ANGELES CALIFORNIA

EQ1-94

DEPARTMENT OF
BUILDING AND SAFETY
405, CITY HALL
LOS ANGELES, CA 90012-4869



RICHARD J. RIORDAN
MAYOR

WARREN V. O'BRIEN
GENERAL MANAGER

ARTHUR J. JOHNSON, JR.
EXECUTIVE OFFICER

SURVEYED: 04/30/94

MAILED: 08/05/94

~~07/02/94~~ 7-15-94

VENTURA INVESTMENT COMPANY
15720 VENTURA BLVD NO 308
ENCINO CA 91436

(PARA OBTENER TRADUCCION)
(EN ESPANOL DE ESTA ORDEN, FAVOR)
(DE LLAMAR AL (213) 485-7091)
(ENTRE LAS 7:30 A.M. A 4:30 P.M.)

AIN: \2283\025\017

CD: ii

ORDER TO COMPLY - LOCAL EMERGENCY HAZARDOUS/SUBSTANDARD ORDER

STREET ADDRESS: 15720 VENTURA BL

(Office)

As a result of the local emergency which occurred on January 17, 1994, and due to code violations "marked" below, the building(s) located at the above address have been determined to constitute a hazardous and/or substandard condition as defined in Section 91.8902 of the Los Angeles Municipal Code. A notice so stating is being filed with the County Recorder.

Since you are listed as the owner of that property, Section 91.8903 of the L.A.M.C. requires that you secure the required permits and begin the necessary work to eliminate the code violations within 30 days from the date this order was mailed. All necessary work shall be completed within 90 days from the date this order was mailed. Applications for permits to comply with this order may be obtained from any of the Building and Safety offices listed on the attached information sheet. Present this order when applying for a permit.

- | | | |
|--|---|---|
| <p>1. STRUCTURAL HAZARDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> STRUCTURAL EVALUATION REQUIRED <input type="checkbox"/> COLLAPSE/PARTIAL COLLAPSE <input type="checkbox"/> BUILDING OR STORY LEANING <input type="checkbox"/> FOUNDATIONS <input checked="" type="checkbox"/> ROOF/FLOORS (VERTICAL LOADS) <input checked="" type="checkbox"/> COLUMNS/PILASTERS/CORBELS <input type="checkbox"/> DIAPHRAGMS/HORIZONTAL BRACING <input type="checkbox"/> WALLS/VERTICAL BRACING <input type="checkbox"/> MOMENTS FRAMES <input type="checkbox"/> PRECAST CONNECTIONS <input checked="" type="checkbox"/> OTHER <u>PENTHOUSE</u> | <p>2. NONSTRUCTURAL HAZARDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> PARAPETS/ORNAMENTATION <input type="checkbox"/> CLADDING/GLAZING <input type="checkbox"/> CEILING/LIGHT FIXTURES <input checked="" type="checkbox"/> INTERIOR WALL/PARTITIONS <input checked="" type="checkbox"/> ELEVATORS <input type="checkbox"/> STAIRS/EXITS <input type="checkbox"/> CHIMNEY <input type="checkbox"/> MASONRY "GARDEN" WALLS <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> GAS PIPING <input type="checkbox"/> WATER/WASTE PLUMBING <input type="checkbox"/> HEATING/AIR CONDITIONING <input type="checkbox"/> OTHER _____ | <p>3. GEOTECHNICAL HAZARDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> GROUND MOVEMENT, FISSURES <input type="checkbox"/> SLOPE FAILURE <input type="checkbox"/> CLASS OF SLIDE (1,2,3) <input type="checkbox"/> RETAINING WALL FAILURE <input type="checkbox"/> DEBRIS/MUD FLOW <input type="checkbox"/> WATER DAMAGE <input type="checkbox"/> OTHER _____ |
| <p>4. HAZARDOUS MATERIALS</p> <ul style="list-style-type: none"> <input type="checkbox"/> PAINT <input type="checkbox"/> ASBESTOS <input type="checkbox"/> EXPLOSIVES <input type="checkbox"/> GAS CYLINDER <input type="checkbox"/> CHEMICALS <input type="checkbox"/> OTHER _____ | | |
5. **OTHER:** _____
- _____
- _____
- _____
- ☒ REPAIRABLE AND PERMIT REQUIRED ☒ PARTIALLY VACATED, UNITS VACATED: 0, PENTHOUSE
- ☒ PLANS REQUIRED TO REPAIR
- ☐ VACANT AND UNINHABITABLE
- ☐ ORDERED IMMEDIATELY VACATED

Section 91.8903 of the L.A.M.C. allows an appeal to the Board of Building and Safety Commissioners within 30 days of the date this order was mailed. *8903 order closed per Resumption dated 8/24/95*

Lynch, Gary

For
DAUB, R.

INSPECTOR'S NAME (PRINT)

(EQHSO.MGD) REC # 4922

INSPECTOR'S SIGNATURE

INSPECT

Entered & verified by *C. DENNIS*on (date) 7-13-94

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Recycle and made from recycled waste



OBS 4922

67A REINSPECTION

A. TYPE OF DISASTER:

☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

CITY OF LOS ANGELES
 DEPARTMENT OF BUILDING AND SAFETY

RAPID SCREENING INSPECTION FORM

B. BUILDING USE:

☐ Residential
☒ Commercial

C. INCLUSIVE

ADDRESS: 15720 VENTURA BL

COUNCIL
DISTRICT: 11

D. OWNER:

PHONE NO.:

MANAGER:

PHONE NO.:

E. No of Stories: 12 No. of Living Units: 0 Basement: ☐ YES ☒ NO ☐ UNKNOWNTYPE CONSTRUCTION: URM I II III IV V APPROX. SIZE 72 ft. X 200 ft.

PRIMARY OCCUPANCY: (Check one, only)

<input type="checkbox"/> 01 DWELLING	<input type="checkbox"/> 04 AMUSEMENT	<input type="checkbox"/> 07 PVT. GARAGE	<input type="checkbox"/> 10 HOSPITAL	<input checked="" type="checkbox"/> 13 OFFICE	<input type="checkbox"/> 16 RET. STORE	<input type="checkbox"/> 21 THEATRE
<input type="checkbox"/> 02 DUPLEX	<input type="checkbox"/> 05 APARTMENT	<input type="checkbox"/> 08 PUB. GARAGE	<input type="checkbox"/> 11 HOTEL	<input type="checkbox"/> 14 PUB. ADMIN.	<input type="checkbox"/> 17 RESTAURANT	<input type="checkbox"/> 22 WAREHOUSE
<input type="checkbox"/> 03 AIRPORT	<input type="checkbox"/> 06 CHURCH	<input type="checkbox"/> 09 GAS STATION	<input type="checkbox"/> 12 MFG.	<input type="checkbox"/> 15 PUB. UTIL.	<input type="checkbox"/> 18 SCHOOL	<input type="checkbox"/> 35 CONDO
						<input type="checkbox"/> 99 OTHER

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

Condition	YES	NO	UNK	Condition	YES	NO	UNK
1. Structure Hazardous Overall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Nonstructural Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collapse/partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parapets/ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cladding/glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceiling/light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Interior Walls/partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hazardous Structural Elements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs/Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof/Floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric/Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Columns/pilasters/corbels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragms/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls/vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Geotechnical Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Moments Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slope failure/debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0EST. DAMAGE: 0 % EST. DAMAGE: \$ 0 PERMIT REQUIRED? ☐ YES ☒ NO

H. OVERALL RATING:

Existing

Recommended

INSPECTED (Green)

☐☒

Exterior Only

Exterior and Interior

LIMITED ENTRY (yellow)

☐☐

UNSAFE (Red)

☐☐

Building

Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

2. Detailed Evaluation required.

_____ Structural _____ Geotechnical

3. Barricades needed in the following areas: _____

4. Disconnect utilities:

_____ Electric _____ Gas _____ Water

J. INSPECTOR:

Name/I.D.: JOHNNY R KURZBAN

Phone: 368-7611

K. INSPECTED:

Date: 8-26-95

Time: 1:00 a.m./p.m.

CITY OF LOS ANGELES CALIFORNIA



RICHARD J. RIORDAN
MAYOR

DEPARTMENT OF
BUILDING AND SAFETY
400, CITY HALL
LOS ANGELES, CA 90012-4869

WARREN V. O'BRIEN
GENERAL MANAGER
ARTHUR J. JOHNSON, JR.
EXECUTIVE OFFICER

COMMISSIONERS

SCOTT Z. ADLER
PRESIDENT
JAMESINA E. HENDERSON
VICE-PRESIDENT
JEANETTE APPELGATE
MABEL CHANG
JOYCE L. FOSTER

OFFICIAL COMPLETION NOTICE OF REPAIR OF EARTHQUAKE-DAMAGED BUILDING

RECORD NO.

PROJECT ADDRESS

PERMIT NO.

PERMIT NO.

4922

15720 VENTURA BL. 956435872

THIS NOTICE IS TO INFORM YOU THAT THE REPAIR WORK
ON THE BUILDING ADDRESSED ABOVE
HAS BEEN COMPLETED, INSPECTED AND APPROVED BY
THE DEPARTMENT OF BUILDING AND SAFETY
AND THE BUILDING IS
STRUCTURALLY SAFE TO OCCUPY

• • • • •

**ATTENTION INSPECTOR: FILL IN THE "WORK COMPLETED" BOX.
MAKE ANY NECESSARY COPIES FOR YOUR FILE
AND SEND THIS ORIGINAL PINK COPY TO DATA ENTRY,
CITY HALL, ROOM 428, MAIL STOP 115**

Entered & verified by me

on (date) 7/17/95

Shane R

11 of all permit completed

☒ **WORK COMPLETED**

INSPECTOR'S NAME: J. Kelly

(PRINT)

(SIGNATURE)

COMPLETION DATE: 7-6-95

ID#:

PHONE:

818 756-8750

(PLACARD-LITE)

DATA ENTRY COPY

(EQPLITE.FRM) Rev 6/27/94

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Print, label and mark with recycled waste



CITY OF LOS ANGELES
CALIFORNIA



RICHARD J. RIORDAN
MAYOR

COMMISSIONERS

SCOTT Z. ADLER
PRESIDENT

JAMESINA E. HENDERSON
VICE-PRESIDENT

JEANETTE APPLIGATE

MABEL CHANG

JOYCE L. FOSTER

DEPARTMENT OF
BUILDING AND SAFETY
400, CITY HALL
LOS ANGELES, CA 90012-4869

WARREN V. O'BRIEN
GENERAL MANAGER

ARTHUR J. JOHNSON, JR.
EXECUTIVE OFFICER

OFFICIAL COMPLETION NOTICE OF REPAIR
OF EARTHQUAKE DAMAGED BUILDING

RECORD NO. PROJECT ADDRESS PERMIT NO. PERMIT NO.

4922 15720 VENTURA BL. 24112389

THIS NOTICE IS TO INFORM YOU THAT THE REPAIR WORK
ON THE BUILDING ADDRESSED ABOVE
HAS BEEN COMPLETED, INSPECTED AND APPROVED BY
THE DEPARTMENT OF BUILDING AND SAFETY
AND THE BUILDING IS
STRUCTURALLY SAFE TO OCCUPY

• • • • •

ATTENTION INSPECTOR: FILL IN THE "WORK COMPLETED" BOX.
MAKE ANY NECESSARY COPIES FOR YOUR FILE
AND SEND THIS ORIGINAL PINK COPY TO DATA ENTRY,
CITY HALL, ROOM 428, MAIL STOP 115

Entered & verified by Cal Davis
on (date) 6-30-95



ALL PERMITS NOT COMPLETED



☒ **WORK COMPLETED**

INSPECTOR'S NAME:

(PRINT)

(SIGNATURE)

COMPLETION DATE:

ID#:

PHONE:

(PLACARD-LITE)

DATA ENTRY COPY

(EQPLITE.FRM) Rev 6/27/94

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

Rec. PLACARD AND MADE FROM RECYCLED PAPER

